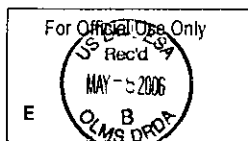


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 9587	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Michelle R Bell P.O. Box, Bldg., Room No., if any Street 4415 Sherrill Road City Minooka State Illinois ZIP Code + 4 60447	4. Name, file number, and address of labor organization. Name Illinois Federation of Teachers Labor Organization File Number 509-974 P.O. Box, Building and Room Number, if any 390 Street 500 Oakmont Lane City Westmont State Illinois ZIP Code + 4 60559
5. Position in labor organization. Field Services Director	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

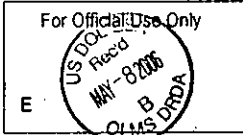
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Michelle R Bell</u>	Date <u>5/02/2006</u> Telephone Number <u>815-467-9707</u>

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 08841	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Ronald Futenma P.O. Box, Bldg., Room No., if any Street 2251 North School Street City Honolulu State Hawaii ZIP Code + 4 96819	4. Name, file number, and address of labor organization. Name Bricklayers Union, Local No. 1 Labor Organization File Number 025-992 P.O. Box, Building and Room Number, if any Street 2251 North School Street City Honolulu State Hawaii ZIP Code + 4 96819
5. Position in labor organization. Sergeant At Arms	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7. b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed *Ronald K. Futenma*

On 4-10-06
Date

(808) 841-0491
Telephone Number

Name of Person Filing Ronald Futenma	File Number U- 08841
--------------------------------------	----------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Hawaii Masons & Plasterers Training Trust Fu</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2251 North School Street</p> <p>City Honolulu</p> <p>State Hawaii ZIP Code + 4 96819</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Hawaii Masons & Plasterers Training Trust Fu</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2251 North School Street</p> <p>City Honolulu</p> <p>State Hawaii ZIP Code + 4 96819</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>Instructor fees are paid for services performed to provide active guidance and teaching. See Attachment - Pg 1 of 1</p> <p>12.b. Amount. \$1,760</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Ronald Futenma
File Number - 08841
12/31/2005

Page 1 of 1 page

Attachment to Form LM-30, Line 11.a,b

<u>Date of payments</u>	<u>Amount of payments</u>	<u>Kind of payment</u>	<u>Method of payment</u>
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Attachment to Form LM-30, Line 12.a,b

Wages and fees

January 1, 2005 through December 31 2005	1,760	Instructor fees	Check
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Total	<u>1,760</u>
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Amounts paid to as a training instructor of the Hawaii Masons and Plasterers Training Trust Fund (Trust Fund). The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between the Union and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

LEMKE, CHINEN & TANAKA, C.P.A., INC.
CERTIFIED PUBLIC ACCOUNTANTS

FRED H. TANAKA, C.P.A.
THOMAS M. H. PARK, C.P.A.
PAUL H. ASANO, C.P.A.
EDWIN K. NITTA, C.P.A.
TERRY A. TAKAKI, C.P.A.

210 WARD AVE., SUITE 336
HONOLULU, HAWAII 96814-4012
TELEPHONE (808) 533-6254

April 28, 2006

Certified Mail w/Return Receipt
7004 2510 0001 2810 2052

TO: U.S. Department of Labor
Employment of Standards Admin Office
of Labor - Management Standards
200 Constitution Avenue NW, Rm N-5616
Washington, D.C. 20210-0001

Attention: Mr. James Haskins

<u>NAME</u>	<u>FORM</u>	<u>File Number</u>	<u>Amount</u>	<u>Check</u>
Bricklayers Union, Local No. 1 Ronald Futenma	LM-30 YE 12/31/05	U-08841	None	None

Please receipt and return COPY to our office
using the postage paid envelope enclosed

LEMKE, CHINEN & TANAKA, C.P.A., INC.
CERTIFIED PUBLIC ACCOUNTANTS

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Bricklayers Union, Local No. 1 Ronald Futenma	LM-30 YE 12/31/05	U-08841	None	None

Please receipt and return COPY to our office

Retain OTHER copy for your file